

REQUEST FOR REVIEW

APPLICANT NUMBER: _____

INDIANA ESSAY QUESTION TO BE REVIEWED (circle no more than 2):

1 2 3 4 5 6

MULTISTATE PERFORMANCE TEST QUESTION TO BE REVIEWED (circle no more than 1):

1 (purple) 2 (green)

Signature

Printed Name

This process is anonymous. Identification is for office use only. Grader will not see request form. This form must be submitted within twenty (20) days of the date of the notification of results letter sent by the State Board of Law Examiners to the Examinee. No extensions of time will be granted. Do not submit a petition or argument with this form. The selected questions will be re-graded by a grader other than the original grader.